Introduction and Guest Background

And if we can use the natural form of hormones to manage your, you know, perimenopausal symptoms, we can do it without increasing your risk for blood clots.

The other thing that I think is so fascinating is the the birth control pills are they're synthetic, but they're a much higher dose hormones than hormone replacement therapy.

Even if we compare synthetic hormone replacement therapy and synthetic birth control pills, the synthetic birth control pills, it's just a much higher dose.

And yet women are super comfortable and doctors especially are super comfortable with birth control pills. But then when we talk about hormone therapy, it's like, oh my gosh, it's dangerous. It's going to cause breast cancer.

And people are scared, which is just silliness. Welcome to Doctor Talks, the podcast where every episode leads to a healthier you. Join us as we navigate the world of optimal health, uncovering groundbreaking strategies to conquer chronic disease.

In each episode, we'll bring you the latest insights from leading health experts, medical innovators, and wellness warriors. If you're seeking to transform your health journey or if you're looking for answers to burning questions, you've come to the right place.

Get ready to unlock the secrets of lifelong health and vitality. This is Doctor Talks, real talk from real doctors on the issues that matter to you most.

I'm doctor Monica. Ricky. Welcome to the Truly Healthy M. D. podcast. Today I have Doctor Deb Matthews. I'm so honored to have her. We're going to talk about hormones today.

So Doctor Deb Matthews, MD, is America's happy hormone doctor. She is an author of, best selling books. She's an international speaker. She's an educator.

She's a wife. She's a mom of four boys. Wow. I'm sure that keeps you busy. After suffering for years with fatigue and irritability due to hormone imbalances, her quest to resolve her personal health led her to change everything about her practice of medicine.

Doctor Deb has been featured on national podcasts, radio in over 100 TV appearances on NBC, ABC, CBS, PBS, and Fox. And now here on this podcast. What an honor.

Her medical practice center, wellness, is located in Charlotte, North Carolina. Thank you so much for being with us, doctor Deb. I'm really honored to have you here.

It's great to be here. Excellent. All right, well, let's dive right in. So, we're going to talk about hormones and perimenopause and the menopausal, phase of life, which was really a long phase of our life.

It's not just like the day that we start menstruating it, right? It's a lot of. You're waking up to that. The day we start menstruating. And the years after that are also, come with a lot of changes.

So what symptoms do we need to be aware of so that we know what we're going to what's going to happen with us? Yeah. Well, I think that of course our menstrual cycles change.

And we know if if our menstrual cycles are changing, we know that that has something to do with hormones. But what a lot of women don't know is, in this perimenopausal time, the years leading up to menopause, a lot of times our periods can become heavier, we can have more PMS and that's sort of not, I think, what women are expecting.

They're expecting that as they get to menopause, their periods get less, it gets spread farther out, but they can get heavier before they get later. And PMS can definitely get a lot worse before finally that all goes away.

But there are a lot of symptoms that I think women have no idea that it is because of their, hormones changing.

Perimenopause Symptoms and Hormone Changes

A really common symptom that women start to experience any time over the age of 35, as their ovaries are sort of going downhill a little bit, is trouble sleeping.

They can wake up at two in the morning, three in the morning, or four in the morning. And then of course, if we're not getting a good night's sleep, we never feel our best the next day.

Yeah, definitely. Progesterone is the calming hormone, and that's the one that goes down first any time over the age of 35. So we don't sleep, but we also get irritable.

We tend to get kind of critical, impatient. We're not the nicest version of ourselves if we're being honest and we have more anxiety. Like I used to wake up in the middle of the night with panic attacks for no reason, and I had no idea that it had to do with my hormones.

So sleep, mood. Those are really common things that change for women. Also, our skin can age right before our eyes. Oh yeah, super fast. We can have, problems remembering why we walked in the room where we left the car keys.

Like, we gotta have lists, and then we gotta remember where we put our lists. Like we can't find the word that we want to say, and that that can be scary.

So I feel like if the only thing that women had to deal with was hot flashes, like super annoying, but we would get through. It is the rain doesn't work like a lot of women will feel like they're 45, and all of a sudden they've developed A. D. D.

when they didn't used to have it before. More, you know, just like they can't focus on what they need to focus on. They can't remember things. And it can be super frustrating.

And so progesterone is the one that keeps us calm. Testosterone, though, is important for women too. And that one is really important for confidence motivation.

Get up and go. And it's super common for women in their 40s to have low testosterone. And then we just feel flat kind of bluh. We, we go through the motions of our day.

But if something doesn't really have to happen today, a lot of times we just kind of push it to the side. And because we just don't really feel like doing it, we don't really feel like going to the gym.

We don't really feel like going out with our friends, like the things we used to enjoy, which is kind of like if, and a lot of women will just say, this is not me, like, this is not normal, but they're so confused as to what's happening to them.

And a lot of times they have no idea that it's our hormones. Yeah. That's that's good to know. It's very empowering to understand why we're feeling that way.

Because if nobody ever told us them, we just fix it. We think it's our fault, right? We're lazy. Or like there's some

kind of personality, you know? Character flaw.

Yeah. Yeah, we just blame ourselves. And that's, the no help at all. So, so good to know what all these symptoms are. So much more than just the hot flashes, like you said.

So now that we're aware of these symptoms, what are some of the natural interventions that you typically recommend? When we are going through this perimenopause phase, if you liked this discussion, please hit the subscribe button and consider leaving us a review.

It really helps people find us and we truly appreciate your support. Yeah, well, and I think this is important because the truth is there is a lot that we can do.

And it's important for women to know that we have the power to take back control of our health and not depend on a doctor to write a pill, because there's no prescription drug that's going to fix this.

Your doctor could give you birth control pills. They could give you sleeping pills or antidepressants or anxiety pills, but they're just putting a bandaid on the symptom.

They're not really making you well. So we want to avoid the things that make this worse. So things like alcohol and sugar make the night sweats worse.

You're going to sleep worse. So try cutting cutting way back, at least on the alcohol, cutting way back, at least on the sugar. And you will likely find that night sweats get better.

You sleep better, you feel better. Your brain works better. And then we want to fuel our body with healthy fats. So we weren't for so many years, doctors told everybody to be on a low fat diet.

I still hear doctors say that, but we don't want the bad fats. But we do want the good fats, because all these hormones that we're talking about, estrogen and progesterone and testosterone, cortisol, which is our stress hormone, even vitamin D, which is a hormone, they're all made up of cholesterol.

We need healthy fats in order to make our hormones extra virgin olive oil, avocados, nuts, seeds, wild card fish. Women need enough protein in their diet, so we want to try to get protein with every meal.

And we want to have a variety of fruits and vegetables in all the different colors, especially for hormones, especially cruciferous vegetables, broccoli, cauliflower, cabbage, Brussels sprouts, kale.

These hormones actually help balance our hormones, and reduce our risk for breast cancer at the same time. So it's a win win. Yeah. That's great. Everything that we can do that is not just another pill, another supplement.

I think that's that's so powerful because it really empowers us to take our health into our own hands. So that's that's excellent. But there are going to be a lot of women who are going to choose to, go ahead and, ask for a prescription and talk to doctors about being 40.

But unfortunately, there's so much misinformation, right? Not only within doctor circles, but in, social media, women talking to each other. Some women are scared of taking HRT.

And so I think, one of the main things that we can do as integrative physicians is trying to educate women, why they should be scared of the HRT. So how do you explain this to to women so they can understand, what the HRT is?

What they should expect? Yeah. Okay. So bioidentical hormone therapy is, hormones that are an exact match to the hormones that our body makes. So, at least in theory, your body shouldn't be able to tell whether it came from the pharmacy or from your ovaries.

And this is really important because in the past, we've been giving women prescription drugs. They're manmade synthetic chemicals that have never before been found in the woman's body.

They don't have the same benefits. They don't have the same risks. They don't have the same side effects. They don't have the same actions. And we were finding out the hard way that there were some negatives, like a slight increase in the risk for breast cancer.

There were blood clots, things like that. But 20 years ago that research came out. We've had lots of time to learn. Now we understand that, if we use the natural form of the hormones, we can get really great benefits.

We know that for women who are within ten years of menopause, the benefits of hormones far outweigh the risks for the vast majority of women. We know how to prescribe hormones so that we do not increase your risk for breast cancer.

We do not increase your risk for blood clots or heart disease. We know how to do it now so that we can get you the benefits without having to worry about the risks.

And for the vast majority of women, the benefits are great. It's so important to protect your heart, your bone, your brains, your skin, your urinary tract.

It helps us to age in a healthy way so that we don't become these frail little old ladies in a nursing home. Wearing depends. Yeah, that's so important.

So important to educate the public and have them understand that the risks are so, so low and the benefits span everything. Like you said, our brain, our, mood, our muscles.

So, it's really, really, really important. So, what questions should a woman take to her doctor when she's going to ask about biological hormone replacement, fatigue, brain fog, mood swings, weight gain?

If you're a woman in your 40s to 70s, you've probably been told that it's just aging.

Natural Ways to Support Hormones

But what if it's not actually healthy? M. D. dot com we look deeper hormones. Nervous system health, hidden toxicities. You're not broken. You just need a doctor who really listens.

Visit truly healthy ecom ad book a consultation today. It's time to feel like your real self again. Yeah, well, so you want to talk about your personal risks and benefits.

If you have had a blood clot before or have a strong family history of breast cancer, like there are certain things that are important to discuss. And if your what you would want to happen is you would want your doctor to have a full discussion about it and not just be dismissed.

So if your doctor just says, oh, you're not a candidate because your mom had breast cancer, or you're not a candidate because somebody in your family had a stroke or whatever, or it's it's, you know, the risks, it's too risky.

You know, this is just a part of age. It's just natural. Like, you know, it's just normal. Just deal with it. If you're kind of feeling dismissed, then what you need to know is it doesn't mean that bioidentical hormones aren't for you. It just means that you need to find another provider who will partner with you.

Have the full discussion, allow you to ask your questions. You should be able to ask what the choices are, because there's lots of options for how we can do bioidentical hormones.

There's lots of different ways that we can test for hormones. There are there's so much available, but it but the most important thing is, I think finding the practitioner who is willing to work with you as a partner on this journey

with you.

And if you're not feeling that from your doctor, then it's okay. Doctors for the last 20 years weren't taught how to deal with perimenopause and menopause.

We were taught how to treat diseases with drugs. We weren't really taught for the last 20 years how to prescribe hormones, because the thinking was that hormones were bad and dangerous, even though that's been thoroughly debunked.

So it's not your doctor's fault. But if they're not the right choice, find somebody who can help you. Absolutely. And at what age should women start having this conversation with with their doctors?

Because I know many women, you know, they're thinking, okay, first, either they're reproductive aged eggs or taking their birth control, or they're doing something to not get pregnant.

So not thinking about their hormones. Then we get to perimenopause and at what age should we start talking about this? A great it's a great question. Perimenopause is kind of like puberty in reverse.

And so it's kind of hard to say, like at what age does puberty start? You know, sort of depends. Right. And there's some variables. But any time over the age of 35 is when we sort of start going kind of inching into perimenopause.

And so I would say if you're 37, you feel awesome, probably you don't really need to worry too much about it. But but whenever you start to notice symptoms, you're more irritable, you're more anxious, you're not sleeping, you can't maintain your weight anymore.

Your periods are kind of going funky. You got more PMS whenever you start to notice things are changing for you, that would be a good time to start asking.

I would say that some doctors are somewhat comfortable managing menopause and using bioidentical hormones. I would say that it is unusual to find just sort of your regular gynecologist or family practice doctor who feels comfortable managing menopausal symptoms for women who are in their late 30s and early 40s.

It's just not something that's taught. It's not really that you need a prescription drug, like we can use bioidentical hormones, but they're not really treating a disease, so doctors aren't really used to dealing with it. Yeah, absolutely.

And so I think a lot of women, when they have symptoms flat out, you know, they're having really, really bad hot flashes or they've got a diagnosis of osteoporosis.

Maybe they'll know to ask their doctor. But I think some women, maybe didn't have a very, symptomatic menopause. And they're thinking, is it too late for me to talk to my doctor?

I've already went through menopause, but I've heard, there's some other benefits, like brain. So what's the age limit when women should talk to their doctors about potentially replacing hormones?

I'm so glad you asked this question, because this is so confusing to some women. Like you said, they breeze through menopause, they have minimal hot flashes or and I think a lot of women think menopause means you have a few months of hot flashes and then it's over.

But the reality is you're going to be menopausal for the whole rest of your life and things just go downhill. You lose your bones, you know, your brain shrinks, your muscles shrink down, your skin ages, your urinary tract, you know, is not healthy.

And you get urinary tract infections, like all of that just gets worse over time. And we know that there's that ten year window where we can really get the best prevention.

If you're more than ten years past menopause, you haven't been on hormone therapy. You're not going to get all the prevention that you would have gotten if you started hormones earlier.

But it is not too late if you're older, there are still things that we can do. Hormones are still good for your bones. They're still good for your skin.

They're still good to prevent painful sex, etc. we would do them differently. We wouldn't. We would maybe use a softer touch. We might give them to you vaginally or in a different way.

But it's not too late. However, the conventional medical thinking at this point is that there is that window that slams shut ten years after menopause.

And so some doctors consider that 60 or 65 years old, sometimes they tell women who've been on hormones all along they have to stop because they hit 60 or 65.

But there is no science to say that you have to stop your hormones at any age. And it's not true that you can't have hormones when you're older.

Bioidentical Hormones and Safety

We just might do them a little bit differently. Okay, so if there's a woman in her 60s, you think that's okay in her 70s, but that's okay to have the conversation in her 80s.

You know what? If she's having symptoms, if she has frequent urinary tract infections, painful sex like this, there there are ways that we can give, especially vaginal hormones that can make a really tremendous difference.

They don't increase the risk for blood clots. They don't increase the risk for breast cancer. There's really no reason why any woman of any age couldn't have vaginal estrogen, for example.

Okay, that's so good to know because I think women don't feel brave enough maybe to talk about that with their physicians, especially if their physician is, a male or if they're not a guy.

And if your primary care doctor is an internist or family doctor, they might not feel comfortable talking about that. But good to know that we we should talk about these things with our doctors or find a doctor that can help us with this.

We shouldn't work with feeling this way. Like I think that's the problem is, first of all, a lot of times we don't really talk about it, especially with like sexual dysfunction, but also a lot of times we get shut down, like we go in to complain that we don't feel good.

And we got a list of symptoms of, you know, how we're feeling. And our doctor either dismisses us like women don't feel heard or we're told it's normal, which is annoying, or we're just handed another prescription, right?

Antidepressants or whatever to kind of get us out the door so they can go see the next six patients that have been sitting in the waiting room for an hour.

And it's so unsatisfying. But it doesn't have to be that way. Help is available, and women really shouldn't put up with just accepting these kinds of symptoms.

It doesn't have to be that way. Yeah, that's that's so true. And I'm glad that, you know, we're here spreading that message because there's so millions and other women out there who who need to hear this.

Another thing that I think, people get confused about is the difference between, birth control and hormone replacement. I've had patients come to me say, well, my primary care doctor, very, very conventional, says I don't need to think about hormone replacement because I'm already on birth control.

So don't talk to me about hormone replacement because I'm premenopausal. I need to be on birth control. Don't even talk to me about it. So how to educate those women about the difference in how they need to start understanding that, they might need to learn about it and transition from birth control to fight hormones.

What would your approach be in that case? Yeah. So birth control pills are synthetic, manmade chemicals. They're not actual hormones. They turn off your body's hormones and then they get replaced with these synthetic chemicals.

So it's not the same thing. The, the the biggest concern about birth control pills is that they increase your risk for a blood clot. So if you're 19 years old, your risk for a blood clot is so low that if we raise it a little bit, it's kind of negligible.

But by the time you're, you know, 49 now, we don't really want that risk of blood clots. And if we can use the natural form of hormones to manage your, you know, perimenopausal symptoms, we can do it without increasing your risk for blood clots.

The other thing that I think is so fascinating is the synthetic birth control pills are they're synthetic, but they're a much higher dose hormones than hormone replacement therapy.

Even if we compare synthetic hormone replacement therapy and synthetic birth control pills, the synthetic birth control pills, it's just a much higher dose.

And yet women are super comfortable. And doctors especially are super comfortable with birth control pills. But then when we talk about hormone therapy, it's like, oh my gosh, it's dangerous. It's going to cause breast cancer.

And people are scared, which is just silliness. But if we can give you the natural form of the hormones, then and we can do estrogen topically so that it doesn't increase the risk for blood clots, we can use the natural form of progesterone.

Neither one of those increase the risk of getting breast cancer. We can we can titrate the doses. We can monitor your levels. But there's no blood test.

Really to monitor the level of birth control, the hormones that are in birth control pills because they're synthetic chemicals. They're not supposed to be in your body.

So there's so much more that we can do, not just to stop the bleeding or prevent you from getting pregnant. Like with the bioidentical hormones, they're maybe not the best for birth control, if we're being honest, because they help make your body more normal.

But we can manage things much better so that we can mitigate your symptoms and just get you feeling back to normal again. Yeah, definitely. So it's it's so good to understand the difference.

Birth control pills or hormones. But they're not natural. They're synthetic. So you're not going to have all the benefits that we talk about with patients.

As far as, protecting their brain and those type of things. And, you know, maybe one more thing, if we could just say really quickly about birth control pills as a side effect is it lowers testosterone.

And again, when you're 19, maybe your testosterone is so high you got acne, pimples. And lowering it a little bit actually might be helpful. But when we're in perimenopause and our testosterone is probably going downhill a little bit by then, then we go on birth control pills.

It just shuts it down more. We lose libido, we get vaginal dryness, but also we are not motivated. We don't feel like doing things. We feel kind of flat and blah, like it's.

And then we get put on antidepressants because we complain that we don't feel good, which completely kills our libido, and then we gain weight, and then we feel more depressed and more like it just it's this feedforward cycle which is so unnecessary.

Yeah, it definitely is unnecessary. And I know that every responsible physician wants to make sure that, when women are on pedicle hormones, they have all the, screening to make sure that the levels are correct, that they're getting their breast cancer screening.

What what what what type of, what once women are placed on their vertical hormones, what should they expect at their fall visits? Like, should they be expecting, bloodwork, other type of, labs, mammograms.

So typically when you're on bioidentical hormones, we want to measure the level of the hormones just to make sure that we're sort of in the ballpark of the right place.

Mostly what we care about is how you feel. You should just feel normal. You shouldn't have any side effects. You should just feel like yourself again.

So if you're having side effects, then it kind of tells us, you know, either side effects or you haven't fully resolved your symptoms. It tells us we need to adjust the dose.

So we're not it's not paint by numbers. It's not like your number on the test says this. Therefore we know your dose needs to be that. And I think sometimes women kind of get that idea.

It's not so precise. However, if if, you know, we do have labs that we can do to kind of see where you stand and that helps to guide us in our decision making, I would say for most practitioners in the beginning, we probably are measuring your levels about three months in and then eventually every six months.

And then, you know, at some point it may be just once a year, once you're on a really stable amount. It is important to know that if we were to give you a lot of estrogen that can make your uterine lining thicken, which could increase your risk for uterine cancer.

Therefore, when we give women estrogen, we also need to give them progesterone because that protects the uterine lining.

When to Start and When It's Not Too Late

We don't have to worry so much if women have had a hysterectomy, but you have progesterone receptors everywhere in your body, and the part of you that has the most progesterone receptors is your brain.

So for doctors who prescribe bioidentical hormones, we give progesterone to all of our patients who have a brain, regardless of whether or not they have a uterus.

In the traditional medical world, if you don't have a uterus, we don't have to protect your uterine lining. So they feel like you don't need the progesterone.

But having said that, if you do have your uterus, it is probably worth it to have your uterine lining monitored at periodic intervals. So, I don't know, maybe every two years, or if you have any kind of bleeding or spotting, then we want you, to have a uterine ultrasound.

It'll look at whether your uterine lining is thickened and if it's thickened, probably it's just because, relatively speaking, we've given you more estrogen without quite enough progesterone.

So it's just we're a little bit out of kilter. We just need to correct our prescription. But you're going to college most often will do a biopsy. You just make sure that there's nothing there, you know, no tissue there that doesn't look normal.

Sometimes they scrape it off, the uterus using a procedure called a DNC. And then we can just adjust our, our doses and kind of go from there. So, so a uterine ultrasound periodically is a good idea.

And then, you know, regular breast screening like everybody else. These hormones do not cause breast cancer. That is a myth. In fact, women who were given estrogen without this sense that this synthetic progestin, they had a reduction in the risk for breast cancer.

So in this study 20 years ago, that first raised the idea that maybe these hormones were causing breast cancer, it was only the women who got a combo pill with estrogen and progesterone.

Neither one of them was the bioidentical version. But the women who got a pill with just estrogen by itself because they didn't have a uterus, those women had a reduction in breast cancer.

Now, every woman over the last 20 years who was on estrogen and got breast cancer was told the estrogen caused her breast cancer. But that's not true. That's a fallacy.

And the same the same doctors who published the original study have tried to publish other studies. In the meantime, and their words literally are in one of their studies that they published 20 years later, is that estrogen replacement therapy is the only pharmaceutical that we have that reduces the risk from breast cancer.

But it's just been so difficult to change the minds of doctors because it's just so ingrained in our brains that estrogen increases the risk for breast cancer.

And so doctors are still to this day, warning women away from estrogen therapy, telling them that it's going to increase their risk for breast cancer, or if their mom had breast cancer, they're being told you can't have hormones because you know it's going to increase your chances of breast cancer.

And all of this is just a myth. So women really need to know. They don't have to be afraid of hormones. Not every woman has to be on hormones. It's always a choice.

And I don't think we can tell everybody that, you know, you must do this, which is in the 90s. When I went to medical school, that's how it was. We were telling all women when they went through menopause, they needed to be on hormones to protect their heart.

Their brain in their bones. And if you didn't take your pill, then we felt like you were a noncompliant patient, but everybody was getting the same dose.

And for some women it was too much and they had side effects. And for some women, it wasn't enough and they didn't feel good. So how we used to do it was not the right way.

But being scared of breast cancer is this terrible problem that we doctors have caused. And it's been so hard to change the hearts and minds of doctors, even when it's been disproven many times over for many years.

Yeah, it's it's so hard and it's sad. The pendulum swung too far one way and then too far the other way. And so now we're stuck. We're trying to get it right back to the middle and have people understand that everyone's differently to personalize our recommendations, personalize, care for everyone.

And that's what we're going to have so much better outcomes. And we need to use more than just hormones. Like if we want women to be healthy and feel good and be hormonally balanced, it takes more than a prescription for the bioidentical hormones.

We need to be eating a healthy diet, managing stress in a healthy way.

Birth Control vs Hormone Replacement

We need to be avoiding the toxic chemicals in the environment that are hormone disruptors, and mess up how the hormones work in our body. We need a healthy gut because our gut microbiome, the bacteria in our gut, actually make some of our vitamins.

They help us absorb nutrients, they keep our colon cells healthy, and they help us to process our hormones. So it really takes, a whole approach to wellness to have balanced hormones.

And a prescription for bioidentical hormones can be helpful. But it's it's the icing on the cake. It's not like the whole story here. Yeah, absolutely.

And it's it's so hard in our commercial medical system right now that we just have such limited time with patients. And even if we were to be prescribing those part of the hormones, it's like we don't have time to talk to the patients about all the other things.

Make sure your guts healthy. Make sure you don't have too many toxins, make your stress levels are okay. And so, things really need to change in our health system so that we can, not only get patients the treatment that they need, but educate them on all these other things.

It's it's it's really hard. Yeah. And I think it's overwhelming for women too, isn't it. Like, think of all the things we're supposed to do. We're supposed to bring home the bacon.

We're supposed to, like, have a clean house and we're supposed to avoid toxins and eat organic. And I'm like, how can we do that? It's things. But the truth is that there are some small, simple things that we can do that make a big difference.

And so just sort of starting somewhere and doing some small things helps to give us back a little bit of control over our own health. And then once we can do those few small things, then we can do another couple of small things.

So like there's a path that we can take to regain our wellness, to regain control over our health. And that's where working with, you know, an integrative functional medicine practitioner can really help because they can help figure out what exactly is going on in your body.

Why is it happening? How is it making you feel? What can be done about it so that they can help you figure out for you? What are some of the important things like do you need to do everything?

Like where can you start? What's realistic? Like when you try to walk into the supplement store, there's 800 different. Just oh yeah, there are. Different kinds of magnesium, let alone. You know.

How do you even start. So that's why working with a practitioner can be really helpful because they can help simplify things, get you started, put you on a path.

And that's just not something that we get from our regular health care system where, you know, your doctor has a few minutes and a prescription pad, and that's what we are trained to do.

Yes. Unfortunately, the conventional system does not support us in that way. But I'm glad to know that there's more and more young doctors that are, interested in going into a more holistic mindset, more, lifestyle medicine, you call it whatever you want.

But times are changing, so hopefully will have much better outcomes for our patients and better and definitely happier with their job too. So it's it's always so good to talk to people that have been, trailblazers just like you, educating us doctors that want to learn about all this because, times need change.

So such good information. So if this is a ton of great, great information, I love following you and, learning from you. If you were to tell people, okay, women, listen out.

Top three tips. Let's break it down. Just take a little take away from today. What were those top three tips? Be okay. So, tip number one would be have an oil change.

Monitoring, Screening, and Whole-Body Wellness

And what I mean by that is the next time that you're at the grocery store and you need to buy, you know, cooking oil for your kitchen, skip the seed oils, the canola, the safflower, the corn oil, the soybean oil.

Go for extra virgin olive oil or, organic avocado oil because those are less inflammatory. They are better for hormones. And, the, the kinds of fats that you eat, the kind of oils that you eat, make up your cell membranes and your cell membranes is where all of your hormone receptors are embedded.

And so if you have healthy cell membranes, then your hormones can work better. If you are eating the wrong kinds of oils, you get these stiff cell membranes and your hormones don't work properly.

And it's an easy one to do because it's a one time decision at the grocery store. Then it's just sitting in your kitchen. When you need to grab something, you grab it. Easy peasy.

Second tip would be to pick one form of stress reduction. And I don't mean like we can't always reduce the amount of stress in our life, but we need healthy ways of balancing it.

So one really simple thing that's free, it's easy. It doesn't take any time we can all do it is to practice gratitude. So when you're feeling stressed, overwhelmed, exhausted, you know, irritated, whatever.

If you can stop and think of three things that you're grateful for, we can always come up with something. Even when life is really crap. You can be thankful that it's Friday and the weekend is coming.

You can be thankful that the sky is blue today. You know, whatever. But if you can think of three things that you're grateful for, it actually changes the chemistry in your body.

It changes your hormone balance. It makes more blood flow to the organs that make your hormones, and it can make a difference. It's powerful medicine.

And if I could stick it in a pill or a shot and sticky, you know, give it a shot in your butt, it would. But but this is really powerful medicine. And then the third one would be to move your body.

It doesn't you don't have to do a bootcamp. You don't have to run a marathon.

Top Three Hormone Health Tips

But if you can go for a walk, if you can do some resistance exercise to build some muscle, all of those things keep your body healthy or keep your hormones more balanced.

They can make a big difference. Like, you know, it does not have to be a really complex, complicated, you know, regimen. But moving your body is really, really important for feeling good.

Yeah, I love those three things. So and those things are things that don't require going to a doctor's office, don't require getting a prescription. So a very powerful, powerful tips from such a great leader in this field.

Thank you so much, Doctor Deb Matthews, it was such a pleasure to have you here on this podcast. Thank you. Thank you for tuning in to Doctor Talks. We hope today's episode has enlightened and inspired you on your path to optimal health.

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